



SALAFI MASJID REGISTRATION FORM

www.salafimasjidinfo.com

MASJID NAME : _____

ADDRESS DETAIL:

STREET : _____

AREA : _____

CITY : _____

DISTRICT : _____

PINCODE : _____

STATE : _____

DATE ESTABLISHED : _____

MUSALLIS CAPACITY : _____

JUMAH SALAH TIME : AZAN: ____ / ____ P.M. JAMAT: ____ / ____ P.M.

ARRANGEMENT FOR LADIES: YES / NO

DAILY / WEEKLY PROGRAMME DETAIL: _____

OTHER ACTIVITY : _____

Geolocation : LAT: _____ LONG: _____

MUTWALLI DETAIL : _____

NAME : _____

MOBILE : _____

LANDLINE : _____ EMAIL: _____

NOTE: Please attached Masjid photo if possible (Mutwalli Ki personal information website par nahi dali jayengi)

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Contact: salafimasjidinfo@gmail.com